

**Notes from TFQ Clinical Workgroup
WEBINAR
February 18, 2009-5:00PM**

Access to the Webinar and conference line was available at 4:45 pm. A roll call was taken to identify all persons present. The following people were on the webinar/conference call:

Agency: Mary McIntyre, Theresa Richburg, Janice O'Neal, Robert Moon, Kim Davis-Allen

Providers/Other Professionals: Anita Cowden, Bill Curry, Miriam Gaines, Arlean Hardin, Jack Hataway, Judy Mitchell, Carroll Nason, Stacey Neumann, Bob Orrison, Claude Ouimet, Richard Powers, Melanie Rightmeyer, Feliciano Yu, Doug Welch

ACS: Pamela Delo

Dr. McIntyre welcomed the group and informed all that TFQ Clinical Workgroup meetings would resume and the focus of this call was to begin discussions on Cardiovascular disease and Stroke baseline measures. Attention was given to topics included in the Agenda with Templates and Example Measures shared from CMS Quality Measures Compendium with the group. The group will need to determine goals and benchmarks for these new measures and to refer to the compendium as a reference. Dr. McIntyre introduced recommendations on critical labs, medications, and diagnoses to be considered for both diseases to capture all paid claims for the Electronic Health Record. She again reminded the group that unlike the diabetes measures which mirrored the HEDIS measures with some minor changes that the asthma controller measures were TFQ specific and thus no national recommendations could be made for the benchmarks for these measures and recommended that we avoid use of local measures without national benchmarks.

The next agenda item was a TFQ Implementation Update on Q4U by Janice O'Neal. Mrs. Oneal provided information on pilot provider participation, asthma enrollment, and diabetes enrollment. Particular attention was given to counties that exceeded participation percentages for goals.

Kim Davis-Allen provided an update on pilot provider use of the Q tool. She reported that staff is working with pilot providers and surrounding counties and discussed expanding providers. A brief group discussion followed on the pros and cons of expanding provider participation beyond the pilot providers. Dr. McIntyre also commented on pilot provider participation issues as well as Dr. Yu. Discussion ensued on assisting with identifying intervention group and control groups (outside the current 11 pilot county area). Slow adoption was also noted for providers using Q Tool as well as a decrease in the number of enrolled pilot providers. In reference to the question regarding expansion of the pilot group and the need to evaluate intervention vs. control group, UAB's response was that a goal would be to identify a comparative group of additional counties to expand that could allow for an effective evaluation. Dr. Cowden encouraged the group not to do anything that UAB evaluators feel would interfere with the control group. She reiterated that a control group that depends on self selection and bias could have flaws which are not recommended in public health approaches. Dr. Moon added that to recruit providers at a later date may compound the analysis of individuals already in. After the discussion on Q Tool issues, Kim responded to Carol Nason's request for information on Q Tool functionalities by agreeing to provide a User's Manual or condensed list of functionalities. Kim added that we will tease out new pilot providers ones from the control group. She also mentioned that a lot of information was given on the Stimulus Package with opportunities at the physician level. Kim indicated that it will set up an

infrastructure for long term vision. We are in a good position to take full advantage of money and to put our efforts where needed. Stakeholders are needed for long term visioning with Medicaid.

Group discussion continued with Dr. Yu stating that the Policy Group needs to reconvene. He questioned readiness for sharing data while indicating that AL was probably further ahead than other states and indicated that policy guidance is needed for sharing physician data and information with the need for identification of best policies/practices.

Dr. McIntyre presented the cardiovascular/stroke templates. She explained that the templates were not complete. Goals and the Mission Statement were revisited via slide presentation followed by discussion on the disease templates. It was agreed that Bill Curry would be the leader for identifying critical labs, medications, diagnoses, and procedures, for the Cardiovascular Template and Jack Hataway, MD, will be the lead for the Stroke Template. Introduction of the Compendium, National Quality Foundation (NQF) and AMA Physician Consortium measures followed. The group was advised to send an e-mail with any concerns regarding specifications on any of the measures. A walk-through of some specific measures for acute MI, coronary artery disease, heart failure, stroke, and hypertension followed that were identified by specific pages in resource documents. Dr. McIntyre indicated that she would send out the link to let the group know that the information from today's meeting had been posted on our website. She would also be sending proposed meeting dates for the next 6 months. After no further discussion, the meeting was adjourned by Dr. McIntyre.

It was agreed that future conference calls will be scheduled monthly at 5:00pm and the call was ended at 5:45pm. This is a summary of the call and is not meant to be a detailed accounting of all discussion but if something was left out that is felt to be a key factor in understanding the discussion which occurred please bring this to my attention and I will update the meeting notes. Also if I have misspelled any of your names or left anyone out that was on the call please contact me.

Mary G. McIntyre, MD, MPH